
SENATE BILL No. 554

DIGEST OF INTRODUCED BILL

Citations Affected: IC 12-15-2-13.5.

Synopsis: Breast cancer screening and Medicaid eligibility. Eliminates the requirement that certain women whose Medicaid eligibility is conditioned in part on their having been screened for breast or cervical cancer do so under a specified federal program.

Effective: Upon passage; July 1, 2009.

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January 15, 2009, read first time and referred to Committee on Health and Provider Services.

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Introduced

First Regular Session 116th General Assembly (2009)

PRINTING CODE. Amendments: Whenever an existing statute (or a section of the Indiana Constitution) is being amended, the text of the existing provision will appear in this style type, additions will appear in **this style type**, and deletions will appear in ~~this style type~~.

Additions: Whenever a new statutory provision is being enacted (or a new constitutional provision adopted), the text of the new provision will appear in **this style type**. Also, the word **NEW** will appear in that style type in the introductory clause of each SECTION that adds a new provision to the Indiana Code or the Indiana Constitution.

Conflict reconciliation: Text in a statute in *this style type* or ~~this style type~~ reconciles conflicts between statutes enacted by the 2008 Regular Session of the General Assembly.

SENATE BILL No. 554

A BILL FOR AN ACT to amend the Indiana Code concerning Medicaid.

Be it enacted by the General Assembly of the State of Indiana:

1 SECTION 1. IC 12-15-2-13.5 IS AMENDED TO READ AS
2 FOLLOWS [EFFECTIVE JULY 1, 2009]: Sec. 13.5. (a) A woman:
3 (1) who is not eligible for Medicaid under any other section of
4 this chapter;
5 (2) who is less than sixty-five (65) years of age;
6 (3) who has been:
7 (A) screened for breast or cervical cancer; ~~through the breast~~
8 ~~and cervical cancer screening program under the federal~~
9 ~~Breast and Cervical Cancer Mortality Prevention Act of 1990~~
10 ~~(42 U.S.C. 300k); and~~
11 (B) determined to need treatment for breast or cervical cancer;
12 (4) who is not otherwise covered under credible coverage (as
13 defined in 42 U.S.C. 300gg(c)); and
14 (5) whose family income does not exceed two hundred percent
15 (200%) of the federal income poverty level for the same size
16 family;
17 is eligible for Medicaid.

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(b) Medicaid made available to a woman described in subsection (a) is limited to the duration of treatment required for breast or cervical cancer.

SECTION 2. [EFFECTIVE UPON PASSAGE] (a) As used in this SECTION, "office" refers to the office of Medicaid policy and planning established by IC 12-8-6-1.

(b) The office shall apply to the United States Department of Health and Human Services for a waiver or an amendment to the state Medicaid plan necessary to allow women who have been screened for breast or cervical cancer other than through the federal Breast and Cervical Cancer Mortality Prevention Act of 1990 to be eligible for Medicaid if the other requirements are met under IC 12-15-2-13.5, as amended by this act.

(c) The office may not implement the waiver or the amendment to the state plan until the office files an affidavit with the governor attesting that the waiver or amendment applied for under this SECTION is in effect. The office shall file the affidavit under this subsection not later than five (5) days after the office is notified that the waiver or the plan amendment is approved.

(d) If the office receives a waiver or a state plan amendment under this SECTION from the United States Department of Health and Human Services and the governor receives the affidavit filed under subsection (c), the office shall implement the waiver or the state plan amendment not more than sixty (60) days after the governor receives the affidavit.

(e) The office may adopt rules under IC 4-22-2 necessary to implement this SECTION.

(f) This SECTION expires December 31, 2010.

SECTION 3. An emergency is declared for this act.

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